



MEDICAL PROVIDER'S TOOLKIT

The District of Columbia has implemented Paid Family Leave, so its workers do not have to choose between financial security and caring for loved ones. As trusted members of the community, your role in this program is vital. In collaboration with the Office of Paid Family Leave, you will aid District workers in securing Paid Family and Medical Leave when they need it most. Whether it is the bonding with a new child, taking care of a loved one, or tending to one's own health ailment, the Office of Paid Family Leave is committed to providing you with the necessary resources to educate your patients on how this program will impact their life.

In this toolkit, you will find the electronic resources needed to inform your patients about the program. The resources include:

- ☐ **Claims Verification Process:** This guide provides step-by-step instructions on what you need to do as a medical provider to verify your patients' claims.
- ☐ **Medical Certification Form (PFL-MMC):** This form will be filled out by both the patient and medical provider and determines whether the patient has a "serious health condition" as defined by the DC Paid Family Leave law.
- ☐ **Family Medical Certification Form (PFL-FMC):** This form will be filled out by both the patient and medical provider and determines whether the patient's family member has a "serious health condition" as defined by the DC Paid Family Leave law.
- ☐ **Patient Resources, including:**
 - Paid Family Leave Parental Roadmap: A tool for parents explaining the steps to take when expecting a new child.
 - DC Paid Family Leave Program Information Overview
 - Information on Parental Leave (8 Weeks), Family Leave (6 Weeks) and Medical Leave (2 Weeks)

For more information, please contact the Office of Paid Family Leave Monday-Friday 9:00 AM to 5:00 PM ET or visit the dedicated healthcare providers' page on our website dcpaidfamilyleave.dc.gov/healthcare-providers. Thank you for playing an essential role in our program!



CLAIMS VERIFICATION PROCESS – FOR MEDICAL PROFESSIONALS

As of July 1, 2020, the District of Columbia is administering Paid Family Leave benefits to eligible workers. As a medical professional, your patients need you to complete a medical certification form in order for them to receive Paid Family Leave benefits.

As trusted members of the community, your role in this program is vital. In collaboration with the Office of Paid Family Leave (OPFL), you will aid District workers in securing paid family and medical leave when they need it most. Whether it's the birth of a child, taking care of a loved one, or one's health ailment, OPFL is committed to providing you with the necessary resources to educate your patients on how this program will impact their life.

Paid Family Leave Overview

DC Paid Family Leave provides eligible workers paid leave benefits when they need time off to care for themselves and their families. DC's Paid Family Leave program ensures District workers don't feel the burden of having to choose between their job security and caring for themselves or their families.

How Do I Get Notified that a Verification is Needed?

Your patient will give you a copy of the PFL medical certification form. The form has a series of questions that must be completed by a licensed health care provider.

What Types of Documentation Am I Required to Provide?

You do not need to provide any additional or supporting documentation. You are only required to answer the series of questions on the medical certification form as it relates to the patient's health.

8-6-2

Paid Family Leave covers a portion of income for eligible workers for up to eight (8) weeks to bond with a new child, six (6) weeks to care for a family member with a serious health condition, and two (2) weeks to care for their own serious health condition.



Your Responsibilities

- ☐ Determine if your patient is eligible for Medical Leave benefits under the Paid Family Leave law.
- ☐ Complete the PFL-MMC form for a claimant filing for Medical Leave
- ☐ Complete the PFL-FMC form for a claimant filing for Family Leave

Claim Process Timeline

1

Application

2

Verification

3

Processing

4

Benefit Dispersal

For more information, visit our website at dcpaidfamilyleave.dc.gov or call our contact center at (202)899-3700.



INSTRUCTIONS FOR CLAIMANT:

Use this form to file for Medical Leave benefits with the DC Office of Paid Family Leave. This form is used to determine whether you have a “serious health condition” as defined by the DC Paid Family Leave law. You must complete the first part of the form. Your doctor or licensed health care provider must complete the second part of the form. You may complete the filing process for Medical Leave benefits only after this form is completed and signed by your doctor. Using the online Paid Family Leave benefits portal available at does.pflbas.dc.gov, you will be prompted by the system to upload this form at the appropriate place in the filing process.

SECTION 1 (To be completed by the claimant)

Last Name	First Name	Middle Name
Date of Birth (MM/DD/YYYY) ____/____/____	Social Security Number or Individual Tax Identification Number (ITIN)	

SECTION 2 (To be completed by the licensed health care provider)

INSTRUCTIONS FOR HEALTH CARE PROVIDER:

Your patient is requesting Paid Family Leave benefits from the District of Columbia. The purpose of this form is to determine whether your patient is eligible for Medical Leave benefits under the DC Paid Family Leave law. Several of the following questions require yes-or-no responses followed by dates, if applicable. Eligibility for benefits depends on the specific circumstances. Answering “Yes” to every question is not necessary for the claimant to be eligible for benefits.



A. HEALTH CARE PROVIDER INFORMATION

All fields are required, except where noted

Last Name

First Name

Middle Name

Mailing Address Street

City

State

Zip code

Telephone Number

Email Address

Type of Practice / Medical Specialty

State License Number

National Provider Identifier (Optional)

B. INFORMATION ABOUT THE CLAIMANT'S MEDICAL CONDITION

Name of the diagnosis or a statement of symptoms of the health condition

Primary ICD-10 Code for Health Condition

Secondary ICD-10 Code (Optional)

____ Date health condition was diagnosed
(MM/DD/YYYY)

Yes No

☐ ☐

1. Is the medical condition pregnancy?

____ If yes, what is the expected delivery date?
(MM/DD/YYYY)

Yes No

☐ ☐

2. Do you believe your patient has or had an inability to work, attend school, or perform other activities of daily living due to the health condition or to receive treatment for the health condition?

Yes No

☐ ☐

3. Is there a date of expected (or actual) recovery from the health condition?

____ If yes, what is the date of expected (or actual) recovery for the health condition?
(MM/DD/YYYY)

If no, is recovery not ever expected, or is recovery expected but the date unknown?

☐ Not expected

☐ Expected but unknown

Yes No

☐ ☐

4. Did your patient require inpatient care at a hospital, hospice, or residential medical care facility lasting at least one overnight period to treat this health condition?

If yes, what were the dates of inpatient care?

Yes No

☐ ☐

5. Did this health condition cause a period of continuous incapacity of your patient lasting at least three (3) full consecutive days?

If yes, what were or are the dates of incapacity caused by this health condition or the need to receive treatment for this health condition?

Yes No

☐ ☐

6. Did your patient or will your patient require follow-up treatment appointments for this condition?

If yes, what is the current treatment schedule?

Yes No

☐ ☐

7. Is this health condition a chronic health condition?

Yes No

☐ ☐

If yes, do you expect your patient to experience unpredictable episodes of the underlying condition that cause episodic inability to work, attend school, or perform other activities of daily living?

Yes No

☐ ☐

8. Does your patient require two (2) or more periodic visits annually to treat this health condition?

If yes, what are the current scheduled dates for treatment, if any?

Yes No

☐ ☐

9. In the absence of treatment, do you expect that this condition would cause a period of continuous incapacity of your patient lasting at least three (3) full consecutive days or result in death?

Yes No

☐ ☐

10. Does your patient require surgery to restore functional capacity as a result of an accident or other injury?

If yes, what are the current scheduled dates for surgery?

Please add any additional information about your patient's diagnosis or condition. (Optional)

☐ I certify that I am a licensed health care provider that is treating this patient and the information I have provided on this form is true and complete.

Signature: _____ Date: _____



INSTRUCTIONS FOR CLAIMANT:

Use this form to file for Family Leave benefits with the DC Office of Paid Family Leave. This form is used to determine whether your family member has a “serious health condition” as defined by DC’s Paid Leave law and whether your family member requires your care or companionship. You must complete the first part of the form, which asks for information about you (the claimant) and your family member. The doctor or licensed health care provider who is treating your family member must complete the second part of the form. You may complete the filing process for Family Leave benefits only after this form is completed and signed by your family member’s doctor. Using the online Paid Family Leave benefits portal available at does.pflbas.dc.gov, you will be prompted by the system to upload this form at the appropriate place in the filing process.

SECTION 1 (To be completed by the claimant before section 2)

Last Name	First Name	Middle Name
Date of Birth (MM/DD/YYYY) ____/____/____	Social Security Number or Individual Tax Identification Number (ITIN)	
INFORMATION ABOUT THE CARE TO BE PROVIDED TO CLAIMANT’S FAMILY MEMBER		
Name of the family member for whom the claimant will provide care		
Last Name	First Name	Middle Name
Relationship of family member to claimant:		
Describe the nature of the care or companionship the claimant will provide to the family member.		
<input type="checkbox"/> I certify that the information I have provided on this form is true and complete.		
Signature: _____		Date: _____



SECTION 2 (To be completed by the licensed health care provider)

INSTRUCTIONS FOR HEALTH CARE PROVIDER:

The family member of your patient is requesting Paid Family Leave benefits from the District of Columbia in order to provide care or companionship to your patient. The purpose of this form is to determine whether the family member of your patient is eligible for Family Leave benefits under the Paid Family Leave law. Several of the following questions require yes-or-no responses followed by dates, if applicable. Eligibility for benefits depends on the specific circumstances. Answering "Yes" to every question is not necessary for the claimant to be eligible for benefits.

HEALTH CARE PROVIDER INFORMATION	
All fields are required, except where noted	
Last Name	First Name Middle Name
Mailing Address Street	City State Zipcode
Telephone Number	Email Address
Type of Practice / Medical Specialty	
License Number	National Provider Identifier (Optional)
INFORMATION ABOUT THE PATIENT'S HEALTH CONDITION	
Name of the diagnosis or a statement of symptoms of the health condition	
<div></div> <div></div>	
Primary ICD-10 Code for Health Condition	Secondary ICD-10 Code (Optional)
<div></div> <div></div>	
Date Health Condition was Diagnosed (MM/DD/YYYY)	Yes No <input type="checkbox"/> <input type="checkbox"/> 1. Is the health condition pregnancy? If yes, what is the expected delivery date? (MM/DD/YYYY)
Yes No <input type="checkbox"/> <input type="checkbox"/> 2. Do you believe your patient has or had an inability to work, attend school, or perform other activities of daily living due to the health condition or to receive treatment for the health condition?	

Yes No

☐ ☐ 3. Is there a date of expected (or actual) recovery from the health condition?

(MM/DD/YYYY)

If yes, what is the date of expected (or actual) recovery for the health condition?

If no, is recovery not ever expected, or is recovery expected but the date unknown?

☐ Not expected

☐ Expected but unknown

Yes No

☐ ☐ 4. Did your patient require inpatient care at a hospital, hospice, or residential medical care facility lasting at least one overnight period to treat this health condition?

If yes, what were the dates of inpatient care?

Yes No

☐ ☐ 5. Did this health condition cause a period of continuous incapacity of your patient lasting at least three (3) full consecutive days?

If yes, what were or are the dates of incapacity caused by this health condition or the need to receive treatment for this health condition?

Yes No

☐ ☐ 6. Did the patient or will the patient require follow-up treatment appointments for this condition?

If yes, what is the current treatment schedule?

Yes No

☐ ☐ 7. Is this health condition a chronic health condition?

Yes No

☐ ☐ If yes, do you expect the patient to experience unpredictable episodes of the underlying condition that cause episodic inability to work, attend school, or perform other activities of daily living?

Yes No

☐ ☐ 8. Does the patient require two (2) or more periodic visits annually to treat this health condition?

If yes, what are the scheduled dates for treatment, if any?

Yes No

- ☐ ☐ 9. In the absence of treatment, do you expect that this condition would cause a period of continuous incapacity of your patient lasting at least three (3) full consecutive days or result in death?

Yes No

- ☐ ☐ 10. Does your patient require surgery to restore functional capacity as a result of an accident or other injury?
If yes, what are the current scheduled dates for surgery?

Yes No

- ☐ ☐ 11. In your medical opinion, do you believe the patient requires care or companionship by the claimant?

Yes No

- ☐ ☐ 12. In your medical opinion, do you believe that the nature of the care or companionship described by the claimant above in section 1 is reasonable and necessary?

13. Please provide any additional information about the condition and/or treatment.

14. Please explain and add any additional information about the care that is needed.

- ☐ I certify that I am a licensed health care provider that is treating this patient and the information I have provided on this form is true and complete.

Signature: _____ Date: _____



PARENTAL LEAVE ROADMAP

DC Paid Family Leave provides paid time off when you need it most, so you don't have to choose between caring for yourself or your loved one and your job. Paid Family Leave covers a portion of your paycheck for up to eight (8) weeks to bond with a new child.

1. GROWING YOUR FAMILY?

Are you planning to grow your family soon? Learn more about options available to you at dcpaidfamilyleave.dc.gov. You may be able to receive pay for sick days and time off for prenatal care.

3. WHAT COMES NEXT?

After you apply, you can expect to hear back from the **Office of Paid Family Leave within 10 business days**. Before your leave begins, ensure that you have communicated with your employer. You may not work while receiving DC Paid Family Leave benefits, but you may receive both employer-provided and DC Paid Family Leave benefits simultaneously.



2. WHAT DOES THIS MEAN FOR WORK?

Start by telling your employer that you will be applying for Paid Family Leave benefits. **You must wait until after your new children arrives in order to apply for benefits (e.g. after your child is born or is placed in your home).** When you are ready to apply, you can do so online, on paper or in person. Go to our website, call our call center or visit your nearest American Job Center.



4. PAY DURING LEAVE

Parental Leave provides up to eight weeks of benefits in a year to bond with a new child for DC employees who are taking time to bond with a new child, including all parents of newborns, adopted children and foster children. **DC Paid Family Leave provides 90% of weekly wage replacement up to \$1,000 per week.** You will receive your DC Paid Family Leave benefits bi-weekly.

Visit dcpaidfamilyleave.dc.gov to use the Benefits Calculator, learn more or apply for benefits. For more questions, email does.opfl@dc.gov or call **202-899-3700**.





PLAN FOR TOMORROW TODAY



You don't have to choose between caring for yourself or your loved one and your job. DC Paid Family Leave is here for you when you need time off to care for yourself and your family.

Paid Family Leave covers a portion of your income for up to eight (8) weeks to bond with a new child, six (6) weeks to care for a family member with a serious health condition, and two (2) weeks to care for your own serious health condition.

8-6-2

Paid Family leave will provide 8 weeks to bond with a new child, 6 weeks to care for a family member with a serious health condition, and 2 weeks to care for your own serious health condition.

Who Qualifies for Paid Family Leave?

DC Paid Family Leave is for all private-sector workers in DC, including people who work in DC but live in another state.

How Much Money Will I Receive?

DC Paid Family Leave provides wage replacement of 90% of wages up to 1.5 times DC's minimum wage and 50% of wages above 1.5 times DC's minimum wage. To determine your benefit, DC Paid Family leave uses your past five (5) quarters of income paid by your employer and reported to the DC Department of Employment Services (DOES).

Visit does.dc.gov/page/dc-paid-family-leave to use the Benefits Calculator.

PLAN FOR TOMORROW TODAY.

Plan ahead. Learn more about Paid Family Leave before you need it. Visit dcpaidfamilyleave.dc.gov or call the contact center at **202-899-3700**.

File a claim starting July 1, 2020.

How Do I Apply?

Start by telling your employer that you will be applying for Paid Family Leave benefits. You must wait until after the qualifying event has occurred to apply for benefits.

When you are ready to apply, you can do so online or by completing a paper application. Go to dcpaidfamilyleave.dc.gov, call **202-899-3700**, or visit your nearest American Job Center. When you apply for Paid Family Leave benefits, DOES will request a medical certification from your health care provider for family and medical leave claims.

After you apply, you can expect to hear back from the Office of Paid Family Leave within ten (10) business days.



Other Frequently Asked Questions:

Q: Do I have to take all of my leave at once?

A: No, you can schedule your leave based on the schedule you work. For example, if you take leave for three (3) days of your work week, and work the other two (2) days of your work week, you would receive leave benefits for the three (3) days that you were on leave, and not for the full week of leave. You may apply for DC Paid Family Leave benefits for all or a portion of the benefits you are allowed.

Q: Is my job protected when I take DC Paid Family Leave?

A: No, DC Paid Family Leave does not provide job protection. Other laws, such as the Family and Medical Leave Act (FMLA), provide job protection when workers take Paid Family Leave. It is important for you to notify your employer before applying for leave and to determine a schedule that works.

Q: I live in Maryland but work in DC. Do I qualify?

A: Yes, DC Paid Family Leave benefits are for all DC private-sector employees. You do not need to be a DC resident to qualify.





EIGHT (8) WEEKS PARENTAL LEAVE

Planning to grow your family soon?

DC Paid Family Leave is available to help ease the transition.

DC offers Paid Family Leave benefits so you don't have to choose between caring for your loved ones and earning income. Parental Leave provides eight (8) weeks of benefits in a year to bond with a new child. This is a benefit provided by the DC Department of Employment Services (DOES) separate from any existing company benefits that your employer may provide.

Who Qualifies for Parental Leave?

Parental Leave benefits apply to all DC employees who are taking time off from work to bond with a new child, including parents of newborns, adopted children, and foster children. You can receive Parental Leave benefits if you have experienced one of the following in the past year:

- Your biological child was born in the past year
- A child was placed with you for adoption in the past year
- A child was placed with you for foster care in the past year
- You legally assumed parental responsibility for a child in the past year

How Much Can I Receive in Parental Leave Benefits?

DC Paid Family Leave provides wage replacement of 90% of wages up to 1.5 times DC's minimum wage and 50% of wages above 1.5 times DC's minimum wage. The maximum weekly benefit amount is \$1,000. To determine your benefit, DC Paid Family Leave uses your past five (5) quarters of income paid by your employer and reported to the DC Department of Employment Services (DOES).

Visit does.dc.gov/page/dc-paid-family-leave to use the Benefits Calculator.

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**PAID FAMILY
LEAVE PROVIDES
8 WEEKS
OF PARENTAL
LEAVE TO BOND
WITH A NEW CHILD**



EIGHT (8) WEEKS PARENTAL LEAVE

How Do I Apply?

Start by telling your employer that you will be applying for Paid Family Leave benefits. Although you should notify your employer prior to the event of your intent to apply for benefits, you must wait until after the event has occurred to apply for benefits.

When you are ready to apply, you can do so online or by completing a paper application. Go to dcpaidfamilyleave.dc.gov, call **202-899-3700**, or visit your nearest American Job Center.

After you apply, the Office of Paid Family Leave will contact you within ten (10) business days.

PLAN FOR TOMORROW TODAY.

Plan ahead. Learn more about Paid Family Leave before you need it. Visit dcpaidfamilyleave.dc.gov or call the contact center at **202-899-3700**.

File a claim starting July 1, 2020.



Other Frequently Asked Questions:

Q: Do I have to take all of my leave at once?

A: No, you can schedule your leave based on the schedule you work. For example, if you take leave for three (3) days of your work week, and work the other two (2) days of your work week, you would receive leave benefits for the three (3) days that you were on leave, and not for the full week of leave. You may apply for DC Paid Family Leave benefits for all or a portion of the benefits you are allowed.

Q: Is my job protected when I take DC Paid Family Leave?

A: No, DC Paid Family Leave does not provide job protection. Other laws, such as the Family and Medical Leave Act (FMLA), provide job protection when workers take Paid Family Leave. It is important for you to notify your employer before applying for leave and to determine a schedule that works.

Q: My employer provides paid maternity leave. Can I use employer-provided paid maternity leave benefits and DC Paid Family Leave benefits?

A: Yes. It is up to the discretion of your employer to determine how their employer-provided benefits will coordinate with DC Paid Family Leave benefits. Some employers may require employees to use DC Paid Family Leave benefits before applying for company-provided benefits. You may not work while receiving DC Paid Family Leave benefits, but you may receive both employer-provided and DC Paid Family Leave benefits simultaneously.





SIX (6) WEEKS FAMILY LEAVE



Focus on caring for your loved ones without worrying about your paycheck.

DC offers Paid Family Leave benefits so you don't have to choose between caring for your loved ones and earning income. Family Leave provides up to six (6) weeks of benefits in a year to care for a family member with a serious health condition. This is a benefit provided by the DC Department of Employment Services (DOES), separate from any existing company benefits that your employer may provide. You don't need to pay additional fees; you just need to file a claim.

Who Qualifies for Family Leave?

You can receive Family Leave benefits if you will be providing care or companionship to a family member with a serious health condition. Eligible family members are:

- Your child
- Your parent
- Your spouse
- Your grandparent
- Your sibling

This includes biological, foster, step-, and some in-law family members from the list above.

How Much Can I Receive in Family Leave Benefits?

DC Paid Family Leave provides wage replacement of 90% of wages up to 1.5 times DC's minimum wage and 50% of wages above 1.5 times DC's minimum wage.. The maximum weekly benefit amount is \$1,000. To determine your benefit, DC Paid Family Leave uses your past five (5) quarters of income paid by your employer and reported to the DC Department of Employment Services (DOES).

Visit does.dc.gov/page/dc-paid-family-leave to use the Benefits Calculator.

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**PAID FAMILY
LEAVE PROVIDES
6 WEEKS
OF FAMILY LEAVE TO
TAKE CARE OF A
FAMILY MEMBER WITH
A SERIOUS HEALTH
CONDITION**



SIX (6) WEEKS FAMILY LEAVE

How Do I Apply?

Start by telling your employer that you will be applying for Paid Family Leave benefits. Although you should notify your employer prior to the event of your intent to apply for benefits, you must wait until after the event has occurred to apply for benefits.

When you apply for Paid Family Leave benefits, DOES will request a medical certification from your family member's medical provider confirming your family member's condition and that care or companionship is required.

When you are ready to apply, you can do so online or by completing a paper application. Go to dcpaidfamilyleave.dc.gov, call 202-899-3700, or visit your nearest American Job Center.

After you apply, you can expect to hear back from the Office of Paid Family Leave within 10 business days.

PLAN FOR TOMORROW TODAY.

Plan ahead. Learn more about Paid Family Leave before you need it. Visit dcpaidfamilyleave.dc.gov or call the contact center at 202-899-3700.

File a claim starting July 1, 2020.



Other Frequently Asked Questions:

Q: Can I apply for Family Leave benefits multiple times throughout the year?

A: Yes, you may receive DC Paid Family Leave benefits multiple times throughout the year. You can only receive a maximum of six (6) weeks of Family Leave benefits, as part of a maximum of eight (8) weeks total of DC Paid Family Leave benefits (for other events, such as Parental Leave or Medical Leave) per year. The date on which you first received benefits is when the year starts; it is not a calendar year. You will be eligible to receive benefits again one year after that date.

Q: Is my job protected when I take DC Paid Family Leave?

A: No, DC Paid Family Leave does not provide job protection. Other laws, such as the Family and Medical Leave Act (FMLA), provide job protection when workers take Paid Family Leave. It is important for you to notify your employer before applying for leave and to determine a schedule that works.

Q: My employer provides paid family leave. Can I use employer-provided paid family leave benefits and DC Paid Family Leave benefits?

A: Yes, it is up to the discretion of your employer to determine how their employer-provided benefits will coordinate with DC Paid Family Leave benefits. Employers may not reduce, in any way, the benefits provided by DC Paid Family Leave. Some employers may require employees to use DC Paid Family Leave benefits before applying for the employer-provided benefits. You may not work while receiving DC Paid Family Leave benefits, but you may receive both employer-provided and DC Paid Family Leave benefits simultaneously.



TWO (2) WEEKS MEDICAL LEAVE

Focus on taking caring of yourself without worrying about your paycheck.

DC offers Paid Family Leave benefits, so you don't have to choose between taking care of your health and earning income. Medical Leave provides up to two (2) weeks of benefits in a year to take care of your own serious health condition. This is a benefit provided by the DC Department of Employment Services (DOES), separate from any existing company benefits that your employer may provide.

Who Qualifies for Medical Leave?

DC Paid Family Leave allows you to take the time you need to be healthy and well during a difficult time. Medical Leave benefits apply to all DC employees who have a serious health condition. Eligible health conditions include:

- Conditions that cause an overnight stay at a hospital
- Conditions that cause an extended period of incapacity and a need for treatment
- Chronic conditions
- Incurable conditions
- Restorative surgeries
- Pregnancy or prenatal care appointments
- Preventative treatments

For more information about any of these eligible conditions, please visit dcpaidfamilyleave.dc.gov or call the contact center at **202-899-3700**.

How Much Can I Receive in Medical Leave Benefits?

DC Paid Family Leave provides wage replacement of 90% of wages up to 1.5 times DC's minimum wage and 50% of wages above 1.5 times DC's minimum wage. The maximum weekly benefit amount is \$1,000. To determine your benefit, DC Paid Family Leave uses your past five (5) quarters of income paid by your employer and reported to the DC Department of Employment Services (DOES).

Visit does.dc.gov/page/dc-paid-family-leave to use the Benefits Calculator.

2 PAID FAMILY
LEAVE PROVIDES
2 WEEKS
OF MEDICAL LEAVE
TO CARE FOR YOUR
OWN SERIOUS
HEALTH CONDITION



TWO (2) WEEKS MEDICAL LEAVE

How Do I Apply?

Start by telling your employer that you will be applying for Paid Family Leave benefits. Although you should notify your employer prior to the event of your intent to apply for benefits, you must wait until after the event occurs to apply for benefits.

When you apply for Paid Family benefits, DOES will request a medical certification from your medical provider confirming your qualifying health condition and your need for leave.

When you are ready to apply, you can do so online or by completing a paper application. Go to dcpaidfamilyleave.dc.gov, call **202-899-3700**, or visit your nearest American Job Center.

After you apply, the DC Office of Paid Family Leave will contact you within ten (10) business days.

PLAN FOR TOMORROW TODAY.

Plan ahead. Learn more about Paid Family Leave before you need it. Visit dcpaidfamilyleave.dc.gov or call the contact center at **202-899-3700**.

File a claim starting July 1, 2020.



Other Frequently Asked Questions:

Q: Can I apply for Medical Leave benefits multiple times throughout the year?

A: Yes, you may receive DC Paid Family Leave benefits multiple times throughout the year. You may only receive a maximum of two (2) weeks of Medical Leave benefits and may only receive a maximum of eight (8) weeks of DC Paid Family Leave benefits (for other events, such as Parental Leave or Family Leave) per year. The date for which you first received benefits is when the year starts; it is not a calendar year. You will be eligible to apply for benefits again one year after that date.

Q: Is my job protected when I take DC Paid Family Leave?

A: No, DC Paid Family Leave does not provide job protection. Other laws, such as the Family and Medical Leave Act (FMLA), provide job protection when a person takes Paid Family Leave. It is important for the employee to notify their employer before applying for leave and to determine a schedule that works.

Q: My employer provides sick leave benefits. Can I use employer-provided sick leave benefits and DC Paid Family Leave benefits?

A: Yes, it is up to the discretion of your employer to determine how their employer-provided benefits will coordinate with DC Paid Family Leave benefits. Some employers may require employees to use DC Paid Family Leave benefits before applying for the employer-provided benefits. You may not work while receiving DC Paid Family Leave benefits, but you may receive both employer-provided and DC Paid Family Leave benefits simultaneously.

